

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR __2015

Filing Period: September 1 - November 1 - This report must be typed or printed legibly. Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact na	2. Exact name of the limited liability company					
155226	KG Ass	KG Associates, LLC					
3, State of Formation	n 4. Brief des	Brief description of the character of business conducted in Rhode Island					
Rhode Islar	nd Real Es	Real Estate Development					
5. Principal office ad	dress		City State Zip				
176 Eddie Dowling Highway			North Smithfield	RI		0289	ae
6:MAILING ADDRE	SS OF LIMITED LIABILIT	YEOMPANYAND	NAME OF THE OF CONTACT PERSO	N. B. B. B.		0203	30 温温器
Contact Name		,	Contact Title				
Philip F. Godfrin			Member Member				
Street Address			City	State	Zíp		
	wling Highway		North Smithfield	RI		02896	3
7. LIST ALL M ANA("X" BOX FOR AT	GERS (NAMES AND ADD TACHMENT)	RESSES) OF THE	LIMITED LIABILITY COMPANY, IF APPL	ICABLE - <u>Do n</u>	OT LIST	МЕМВІ	ERS
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
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							(3)
Street Address			Street Address				
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City	State FIN RHODE ISLAND	Zip		State	Zip	-≺ ~-	
City RESIDENT AGENT	TIN RHODE ISLAND		City		Zip	-≺ ~-	95
The state of the s	TIN RHODE ISLAND				Zip	<u>~</u> —∾	
City CRESIDENT AGENT	TIN RHODE ISLAND		City		Zip	72+ 	

JUN 02 2016 11:03

BY u 275697

File Date Check No By: FOR SECRETARY OF STATE USE ONLY 65:01 HV	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. Signature of Authorized Person Date Phillip F. Godfrin Print or Type Name of Authorized Person
Form No. 622	

Revised: 01/2012

